## CITY OF MOUNTAIN VIEW

Community Services Department • Recreation Division
201 S. Rengstorff Avenue • Post Office Box 7540 • Mountain View, CA 94039-7540 • 650-903-6331 • FAX 650-962-1069

## **Transfer Request**

## **Transfer Policy**

- A written request is required for all transfers. Requests must be submitted to the Recreation Office.
- Requests for transfer, if space is available, must be made no less than 7 calendar days, including weekends and holidays, before the first day of both classes.
- Participants are responsible for any additional fees.
- A \$6 processing fee will be assessed per transfer. All fees must be paid at the time of request. If any amount remains after transfer, the \$6 processing fee will be deducted from the remaining amount.
- Any amount remaining will be refunded in the original form of payment\*. Refunds will be issued within three (3) weeks from the request. \*Payments made in cash will be issued in the form of a check.

Main Contact (Parent/Legal Guardian):		
Home Telephone: ()	Cell Number: ()	
	TRANSFER	
Participant Name:	From Class #	To Class #
Participant Name:		
Participant Name:	From Class #	To Class #
	PAYMENT	
Cash (please do not mail cash) Check (payable to "C		
Credit Card #		Expiration Date/
Name as it appears on Credit Card		
Cardholder's Signature X		Date
By my signature below, I authorize the City of N	Mountain View Recreatio	on Division to process my transfer
request.	rountain view neereaux	on Bivision to process my transfer
Parent / Legal Guardian Signature X		Date
FOR OFFICE LICE ONLY		
FOR OFFICE USE ONLY	D. I. D 1	A 1 D.
Date Received:	Date Processed:	
Refunded By: □ Credit Card □ Check □ FW	Refund Amount: \$	Processed By: